



RECEIPT OF PAYMENT

| | |
|------------------------|-----------------|
| Receipt Number: | 202503037 |
| Receipt Date: | August 12, 2025 |
| Date Paid: | August 12, 2025 |
| Full Amount: | \$105.00 |

| | | | |
|--------------------------|--|------------------------|---------------------|
| Payment Details: | Payment Method | Amount Tendered | Check Number |
| | Credit Card | \$105.00 | |
| Amount Tendered: | \$105.00 | | |
| Change / Overage: | \$0.00 | | |
| Contact: | Brenda Melcher, Address:90 S Seventh St Suite 4300, Phone:(612) 317-2133 | | |

FEE DETAILS

| | | | |
|----------------------------|-------------------------|---------------------|--------------------|
| Fee Description | Reference Number | Amount Owing | Amount Paid |
| Zoning Verification Letter | PL20250277 | \$105.00 | \$105.00 |